

## PREVENTION CASE MANAGEMENT (PCM): FORM

- a. A separate intervention plan must be completed for each intervention level for each population. Please review the instructions before completing the form.
- b. Please be as brief as possible. Your intervention plan should not exceed 7 pages in total.

### (1) AGENCY INFORMATION:

Agency name:

Name of primary contact for this document:

Phone:

Email:

Funding amount for this intervention: All sources:\$

AIDS Program:\$

### (2) PROGRAM NAME:

INTERVENTION PLAN CODE:

### (3) POPULATIONS TO BE SERVED

**Primary** (check only one – replace with X)

- ☐ MSM
- ☐ MSM/IDU
- ☐ IDU
- ☐ Heterosexual risk
- ☐ General population

**Secondary** (check only one or none)

- ☐ MSM
- ☐ MSM/IDU
- ☐ IDU
- ☐ Heterosexual risk
- ☐ General population

### (4) CLIENTS TO BE SERVED

Gender				Age Group				Race/Ethnicity					HIV status	
Total	Male	Female	Trans-gender	<19	19-24	25-29	30+	Am. Indian	Asian/PI	Black/AA	Hispanic/Latino	White	HIV+	HIV- or unknown
Description														

(5A) INTERVENTION: X Prevention Case Management

### (5B) CORE REQUIREMENTS FOR THIS INTERVENTION:

If funded to conduct PCM, a grantee must meet all the requirements outlined in the Guidelines section for this intervention. Specifically describe how your agency will address each of the requirements listed in the instructions for this section.

### (6) BASIS AND OUTCOMES OF THE INTERVENTION

(6A) Identified need for reaching the specified population:

(6B) Evidence basis for the intervention:

(6C) Justification for using this intervention for the specified population:

<b>(6D) Anticipated measurable outcomes:</b>	<b>Number of clients</b>
Total number of people to be contacted for PCM	
Number engaging in an initial PCM session (same as Total Clients in Section 4A)	
Number receiving at least 3 sessions	
Number completing an initial Behavioral Risk Assessment Tool (BRAT) (near intake)	
Number completing a second BRAT (at 2 months)	
Number with some sexual or drug risk behavior change between BRAT 1 and 2, as evidenced on the BRAT	
Number with some behavior change as noted in chart (but not necessarily captured on BRAT)	
Number completing a third BRAT or more	
Number with evidence of maintenance of sexual or drug risk behavior change based upon 3 <sup>rd</sup> BRAT	
Of clients in PCM, number linked to care and treatment (those previously linked and linked as result of entering PCM)	
Additional measurable outcomes	

<b>(7) SERVICE PLAN DESCRIPTION</b>		
<b>(7A) Service delivery</b>		
Service delivery model (i.e. frequency, method to reach people, etc): Include all strategies.		
Time of day:		
Service area:		
Setting/location:		
Content/messages:		
<b>(7B) Staffing issues</b>		
Number of FTE (full time equivalent) staff providing the intervention:	FTEs with all funds	FTEs with AIDS Program funds
Number of volunteers (individuals, not FTEs) assisting with the intervention.		
Staff background and experience with risk population:		
Staff training and development:		
Supervision:		

<b>(7C) Data collection and evaluation:</b>	
<b>(7D) Referral sources – <u>into</u> your services</b>	<b>Referrals – to <u>other</u> services</b>
<b>(7E) Work plan steps:</b>	<b>Key dates:</b>
Needs assessment and program development:	
Hiring/training:	
Services begin:	
Other:	